Membership Roster Revised FY2014-2015

Center	ter			Month/Year			20									
Sponsor								Months of Fiscal Year								
Date Enrollment Form Signed	Date Income Application Signed	Eligibility	Participant Name (Last,First)	October	November	December	January	February	March	April	May	June	July	August	September	Participant's Date of Withdrawal
			TF. 4.1													
17	Ено		Total	F												
F=Free			If a participant qualifies													
R=Reduced P=Paid			for attendance for the	R P												

^{*}CFR 226.15 (e)(3)